



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF MILITARY & VETERANS AFFAIRS  
LANSING

MAJ GEN THOMAS G. CUTLER  
ADJUTANT GENERAL AND DIRECTOR

## Michigan National Guard State Education Reimbursement Program (SERP) Application

**PLEASE TYPE OR PRINT**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

(Please include middle name)

Home Address: \_\_\_\_\_

(Street Address)

(City)

(State)

(Zip Code)

(County – This field is mandatory)

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Rank: \_\_\_\_\_ **AGR: Yes / No** What is your MOS/AFSC: \_\_\_\_\_

**ARE YOU RECEIVING 100% FEDERAL REIMBURSEMENT FOR THIS SEMESTER: YES / NO**

Date of completion for Basic Training: \_\_\_\_\_

Are you Army or Air Guard? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a Michigan Resident?: \_\_\_\_\_

Education Program to Attend:

Voc-Tech/ Technical College \_\_\_\_\_ Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Graduate \_\_\_\_\_ Other \_\_\_\_\_

Name of college, university, technical college, vocational/trade school you have been admitted to attend:

Enrollment status: Part-time student \_\_\_\_\_ Full-time student \_\_\_\_\_

Indicate Academic Year for which you are requesting reimbursement (each term/semester requires an application)

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Classes for which you are applying for reimbursement will begin on: \_\_\_\_\_  
(MM/DD/YYYY)

Have you applied for reimbursement in the past:

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, indicate when \_\_\_\_\_

**Statement:** I certify that the above information is true and correct to the best of my knowledge. I have read the provisions of the administrative regulations and procedures and understand that the awarding of SERP is based on eligibility criteria established therein, and that I must maintain that eligibility as a member of the MIARNG or MIANG. I further understand that I must maintain the academic standards set forth by the administrative regulations and procedures, otherwise I will be ineligible for future SERP payments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Applicant's Signature**

**Unit Representative's Authorization**

I certify that the applicant is a member in good standing in the Michigan National Guard.

Print Rank, Full Name, Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Unit Representative's Signature**

**PLEASE SEND COMPLETED APPLICATION and STATEMENT OF UNDERSTANDING TO:**

**STATE EDUCATION OFFICE  
2500 S. WASHINGTON AVENUE  
LANSING, MI 48913-5101**



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## **Statement of Understanding, Michigan National Guard State Education Reimbursement Program (SERP)**

This Statement of Understanding highlights the administrative procedures pertaining to enrollment and participation in the Michigan National Guard State Education Reimbursement Program (SERP). The purpose of having you read and sign this Statement of Understanding is to assure that you are aware of critical information that could affect your participation in the Michigan National Guard State Education Reimbursement Program.

- a. I understand that I must be admitted to and enrolled in course(s) at an accredited college, university, technical college or vocational/trade school in Michigan prior to final application approval and acceptance by the state education office acting on behalf of the Adjutant General. I understand that by attending an accredited institution, I may be eligible to receive up to an equivalent of 50% of the total cost of tuition, not to exceed \$2,000, in the form of state education reimbursement, in an academic year.  
\_\_\_\_\_ (initials)
- b. I understand that I may not be able to participate in the Michigan National Guard Reimbursement Program at the time of initial or subsequent application due to the availability of funding for the SERP.  
\_\_\_\_\_ (initials)
- c. To apply for SERP, I must complete the SERP application, have it certified by my unit representative and attach this completed statement of understanding to the application, returning these materials to the state education office, 2500 S. Washington Ave, Lansing, MI 48913.  
\_\_\_\_\_ (initials)
- d. I understand that SERP will not carry over from one academic semester/term to the next. I understand that I must reapply and send an application to the state education office to indicate my intent to receive SERP for each semester/term. I understand that failure to reapply for SERP for each academic semester/term needed may prevent me from receiving reimbursement.  
\_\_\_\_\_ (initials)
- e. I understand that my participation in SERP may be suspended at the direction of the Adjutant General for failure to maintain good military standing as an active member of the Michigan National Guard or for failing to maintain good academic progress and program pursuit.  
\_\_\_\_\_ (initials)
- f. I understand that I must provide evidence of attendance and completion of the course of study with a cumulative G.P.A. of at least a 2.0 on a 4.0 scale, or its equivalent, to be eligible for reimbursement. Upon completion of the semester or term, I will submit a copy of my final grade report and tuition bill to the state education office for reimbursement. I understand that reimbursement is based on courses or terms that are successfully completed and that reimbursement will not be given for courses that are failed, incomplete, repeated or withdrawn.  
\_\_\_\_\_ (initials)

- g. I understand that reimbursement payments will only be made for semesters/terms during the current academic year. I understand SERP payments will not be made for previous semesters/terms and that I have 30 days upon the completion of the semester/term to send in a grade report and tuition bill to the state education office for payment.  
\_\_\_\_\_ (initials)
- h. I understand that if 100% of my tuition is paid for by federal tuition assistance, I will not be eligible for SERP for that tuition amount.  
\_\_\_\_\_ (initials)

I, the undersigned, acknowledge that I have read this statement before signing it. I have familiarized myself with the administrative regulations and procedures and fully understand all obligations, responsibilities, and standards set forth in the administrative regulations and procedures.

Print Full Name:

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Signature of Applicant/Date:

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